REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/801,116			
iling Date	March 16, 2004			
irst Named Inventor	Erwen DU			
Art Unit	3661			
Examiner Name	Camby, Richard M.			
Attorney Docket Number	2108 0030000			

To: Commissioner fo P.O. Box 1450 Alexandria, VA 22						
Please withdraw me as attorney or agent for the above identified patent application, and						
all the attorneys/agents of record.						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
the attorneys/agents associated with Customer Number						
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.						
The reasons for this request are: My withdrawal is mandatory under 37 C.F.R. Sections 2.19(a) and 10.40(b)(2) because of my employment with the United States Patent and Trademark Office beginning July 17, 2006.						
CORRESPONDENCE ADDRESS						
The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to:						
The address associated with Customer Number:						
OR						
Firm or Individual Name						
Address						
City		State		Zip		
Country						
Telephone			Email			
	c E. Horner					
Name Linda E. Horner		Registration No.	39,588			
Date Qune 5, 2006			Telephone No.	(202) 371-2600		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdrawal a compile the program of the p						

This collection of information is required by 27 CPT, 1.5. The Information is required to dominant adequate the property of the public which is to the quity yet u.STD. to provide any employation. Confidentially is agreened by \$51.5.6.7.22 and \$71.68.41.18 and 1.48. The confictions is sentimed to take \$12 minute any complete, including gathering, preparing, and submitting the completed application from to the USPTD. Three will vary depending upon the individual case. Any comments on the amount of them pour require to complete this form and/or subgestions for requiring this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alxandria, VA. 22313-